

FIG. 1

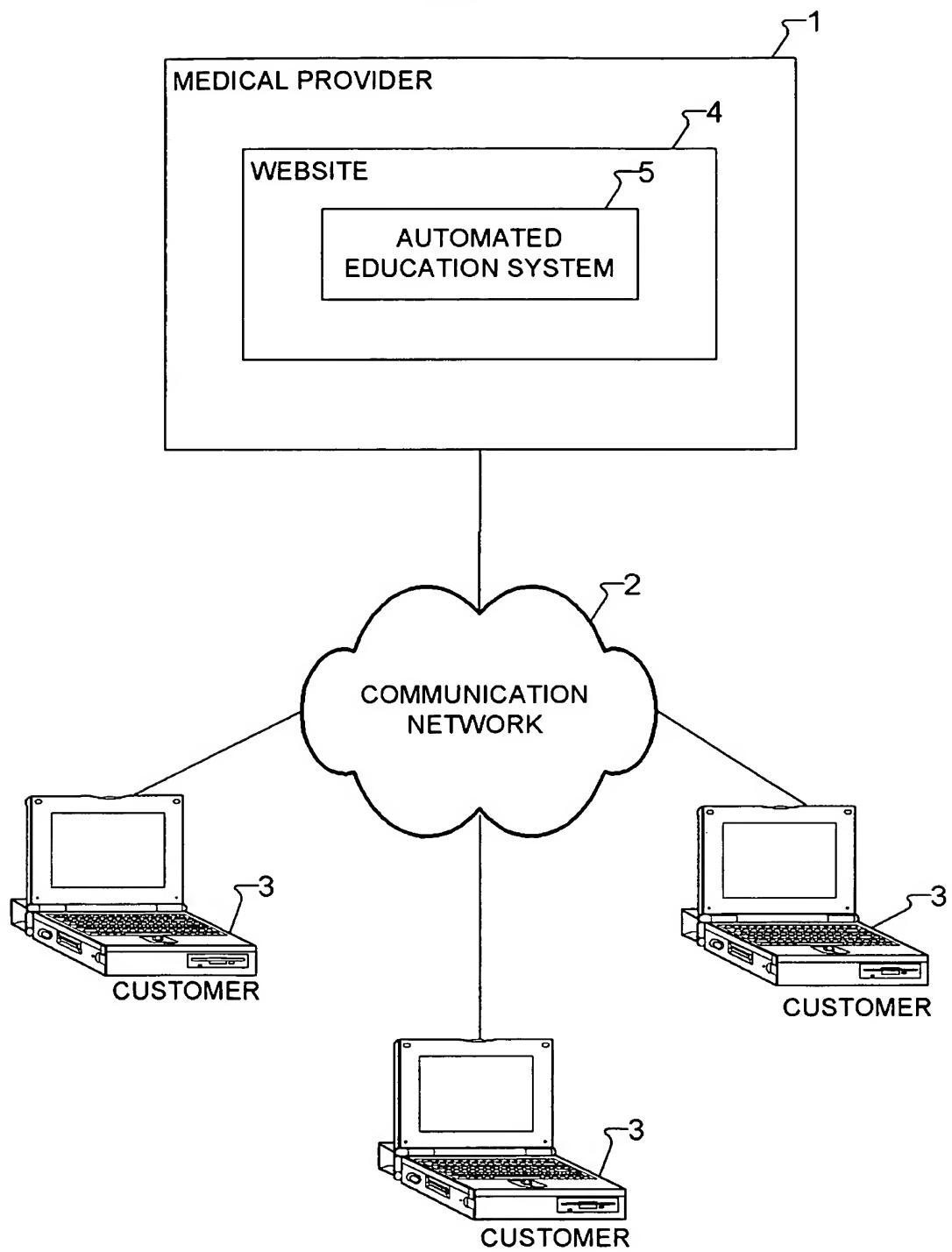


FIG. 2

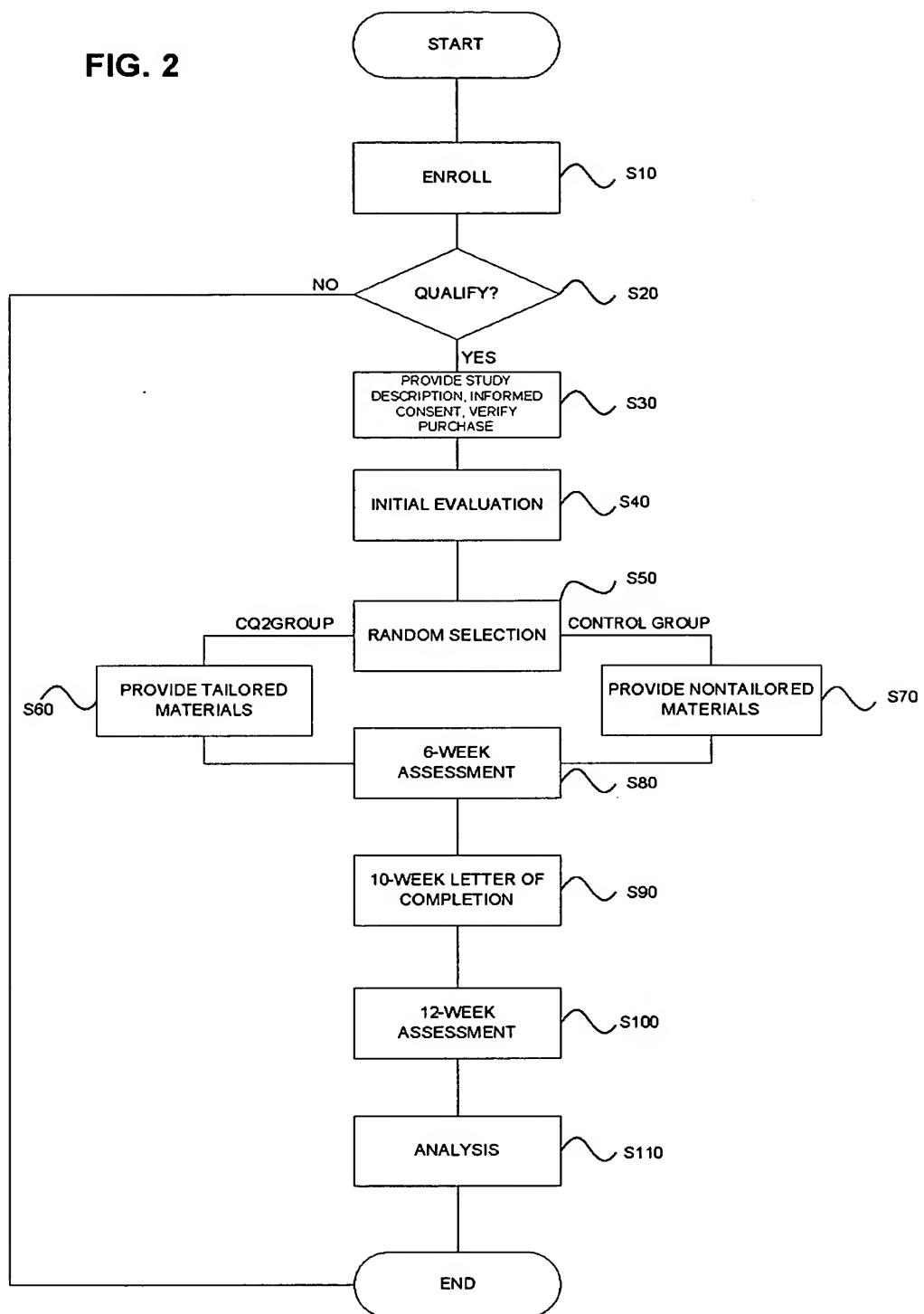


FIG. 3

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| <p>6-WEEK ASSESSMENT</p> <p>Have you smoked at all in the past 4 weeks?</p> <p><input type="checkbox"/> No, I have not smoked even a single puff <input type="checkbox"/> Yes, I have smoked in the past 4 weeks</p> <p>Have you smoked at all in the past week? (question for those who have smoked in past 4 weeks)</p> <p><input type="checkbox"/> No, I have not smoked even a single puff <input type="checkbox"/> Yes, I have smoked in the past week</p> <p>Did you read any of the Committed Quitters Stop Smoking Plan materials that were on the Internet?</p> <p><input type="checkbox"/> No, none of it <input type="checkbox"/> Yes, a little <input type="checkbox"/> Yes, most of it <input type="checkbox"/> Yes, all of it</p> <p>How often did you refer to the Committed Quitters Stop Smoking Plan materials that were on the Internet for help?</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very Often</p> <p>Did you find the Committed Quitters Stop Smoking Plan material on the Internet helpful in keeping you from smoking?</p> <p><input type="checkbox"/> Yes, very helpful <input type="checkbox"/> Yes, moderately helpful <input type="checkbox"/> No, not very helpful <input type="checkbox"/> No, not at all helpful</p> <p>Did you find the Committed Quitters Stop Smoking Plan material easy to understand?</p> <p><input type="checkbox"/> Yes, very easy <input type="checkbox"/> Yes, moderately easy <input type="checkbox"/> No, not very easy <input type="checkbox"/> No, not at all easy</p> <p>Did you find the Committed Quitters Stop Smoking Plan material relevant to you personally?</p> <p><input type="checkbox"/> Yes, very relevant <input type="checkbox"/> Yes, moderately relevant <input type="checkbox"/> No, not very relevant <input type="checkbox"/> No, not at all relevant</p> <p>Are you still using your nicotine patches?</p> <p><input type="checkbox"/> Yes, every day <input type="checkbox"/> Yes, most days <input type="checkbox"/> Yes, some days <input type="checkbox"/> No</p> <p>Did you use any other products or aids for quitting smoking a part from the NIQuitin CQ patch? (Choose all that apply)</p> <p><input type="checkbox"/> Another nicotine product (e.g., gum) <input type="checkbox"/> Counselling from a stop smoking advisor <input type="checkbox"/> Group stop smoking treatment <input type="checkbox"/> Zyban® <input type="checkbox"/> A book or leaflet <input type="checkbox"/> Other</p> <p>How many packs of each of the patch steps have you purchased as part of this quit attempt?</p> <p>_____ 21 mg 14 day (Step 1) _____ 21 mg 7 day (Step 1) _____ 14 mg 7 day (Step 2) _____ 7 mg 7 day (Step 3)</p> <p>Would you recommend this Internet-based smoking cessation program to others wanting to stop smoking?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not</p> <p>Do you think you will give this Internet program another try in the future? (question for those who returned to smoking)</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not</p> |
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FIG. 4

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| 12-WEEK ASSESSMENT |
| Have you smoked at all in the past 10 weeks? |
| <input type="checkbox"/> No, I have not smoked even a single puff |
| <input type="checkbox"/> Yes, I have smoked in the past 10 weeks |
| Have you smoked at all in the past week? (question for those who have smoked in past 6 weeks) |
| <input type="checkbox"/> No, not even a puff |
| <input type="checkbox"/> Yes, I have smoked in the past week |
| Did you read any of the Committed Quitters Stop Smoking Plan materials that were on the Internet? |
| <input type="checkbox"/> No, none of it |
| <input type="checkbox"/> Yes, a little |
| <input type="checkbox"/> Yes, most of it |
| <input type="checkbox"/> Yes, all of it |
| How often did you refer to the Committed Quitters Stop Smoking Plan materials that were on the Internet for help? |
| <input type="checkbox"/> Never |
| <input type="checkbox"/> Rarely |
| <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often |
| <input type="checkbox"/> Very Often |
| Are you still using your nicotine patches? |
| <input type="checkbox"/> Yes, every day |
| <input type="checkbox"/> Yes, most days |
| <input type="checkbox"/> Yes, some days |
| <input type="checkbox"/> No |
| Did you use any other products or aids for quitting smoking a part from the NiQuitin CQ patch? (Choose all that apply) |
| <input type="checkbox"/> Another nicotine product (e.g., gum) |
| <input type="checkbox"/> Counselling from a stop smoking advisor |
| <input type="checkbox"/> Group stop smoking treatment |
| <input type="checkbox"/> Zyban® |
| <input type="checkbox"/> A book or leaflet |
| <input type="checkbox"/> Other |
| How many packs of each of the patch steps have you purchased as part of this quit attempt? |
| _____ 21 mg 14 day (Step 1) |
| _____ 21 mg 7 day (Step 1) |
| _____ 14 mg 7 day (Step 2) |
| _____ 7 mg 7 day (Step 3) |
| Did you find the Committed Quitters Smoking Plan material on the Internet helpful in keeping you from smoking? |
| <input type="checkbox"/> Yes, very helpful |
| <input type="checkbox"/> Yes, moderately helpful |
| <input type="checkbox"/> No, not very helpful |
| <input type="checkbox"/> No, not at all helpful |
| Did you find the Committed Quitters Smoking Plan material easy to understand? |
| <input type="checkbox"/> Yes, very easy |
| <input type="checkbox"/> Yes, moderately easy |
| <input type="checkbox"/> No, not very easy |
| <input type="checkbox"/> No, not at all easy |
| Did you find the Committed Quitters Smoking Plan material relevant to you personally? |
| <input type="checkbox"/> Yes, very relevant |
| <input type="checkbox"/> Yes, moderately relevant |
| <input type="checkbox"/> No, not very relevant |
| <input type="checkbox"/> No, not at all relevant |
| Would you recommend this Internet-based smoking cessation program to others wanting to stop smoking? |
| <input type="checkbox"/> Yes, definitely |
| <input type="checkbox"/> Yes, probably |
| <input type="checkbox"/> No, probably not |
| <input type="checkbox"/> No, definitely not |
| Do you think you will give this Internet program another try in the future? (question for those who returned to smoking) |
| <input type="checkbox"/> Yes, definitely |
| <input type="checkbox"/> Yes, probably |
| <input type="checkbox"/> No, probably not |
| <input type="checkbox"/> No, definitely not |